

Provider Bulletin



News and Information

May 11, 2021

Updated Prior Authorization Criteria for Drugs on the UCare Individual & Family Plans and UCare Individual & Family Plans with M Health Fairview Plans Formulary

On July 1, 2021, prior authorization criteria for the drugs listed below will be updated. These changes will be reflected in the [2021 Prior Authorization Criteria](#) document.

[Click here](#) to see updated criteria effective July 1, 2021.

- Actemra
- Aimovig
- Ajoyv
- Arcalyst
- Bosulif
- Emgality
- Gleevec
- Hemlibra
- Iclusig
- Jakafi
- Natpara
- Pomalyst
- Revlimid
- Spravato
- Sprycel
- Tassigna
- Thalomid
- Tobramycin (nebulized)
- Xifaxan

[Pharmacy resources](#) are available on the UCare Provider website.